LEBANON COUNTY COMMUNITY SERVICE REPORT FORM

Client Name: Client Phone Number: Agency: Lebanon County Juvenile Probation									
					C.S. Director:		Hours Assigned:		
					DA	TE BELOW THIS LINE IS TO BE CO	OMPLETED BY TH	HE WORKSITE SUPERVIS	SOR
DATE	WORKSITE(S)	HOURS WORKED	TYPE OF WORK (DESCRIPTION)	INITIALS					
***Please notify Co	ommunity Service Director imm	ediately regardir	ng any problems.						
		TOTAL No	. HOURS COMPLETED						
	Return comple	ted C.S. report fi	rom to:						

Supervisor Sue Christner or your Probation Officer Created 4/30/13